

CLAIMS ONLY

Application Number

10/678834

" Filling" Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 17 | | | | | |
| Total Claims | 19 | | | | | |